

RECEIVED

APR 30 1947

BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore *192*

CERTIFICATE OF DEATH

01343

Reg. Dist. No. *265*

1. PLACE OF DEATH:

County Somerset
 City or town Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 39 years
 Hospital, institution, or street address where death occurred:
Chesapeake Ave.
 How long in hospital or institution? ///////

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Somerset
 City or town Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Chesapeake Ave.
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

ELLA MELISSA BETHARD

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed
 6.(b) Name of husband or wife Elijah H. Bethard
 6.(c) If alive, give age..... years
 7. Birth date of deceased (mo., day, yr.) December 18, 1872
 8. AGE: Years 74 Months 3 Days 24 If less than one day..... hrs. min.
 9. Birthplace Worcester County-Maryland
 (Town, county, and state)
 10. Usual occupation House wife
 11. Industry or business.....

FATHER
 12. Name William E. Bennett
 13. Birthplace Worcester County, Maryland
MOTHER
 14. Maiden name Charlotte Ritchie
 15. Birthplace Worcester County, Maryland
 16. Informant Mrs. Grover Adams
 Address Crisfield, Maryland
 17. Burial Date thereof Apr. 15, 1947
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematorium Sunny Ridge Cemetery
 Location RURAL, Crisfield, Maryland
 18. Funeral director H. Harvey Bradshaw
 Address Crisfield, Maryland
 19. 5/2 47 R. S. Johnson, M.D.
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 12, 1947 at 6:00 A.M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 1947, to Apr 12 1947,
 and that I last saw him alive on Apr 11 1947.

Immediate cause of death

uremia
acute dil. heart
 Due to chronic kid. nephritis
chronic nephritis

DURATION

1 week

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: —

Accident, suicide, or homicide..... Date of.....
 Where did injury occur?.....
 (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury..... Injured at work?

23. SIGNATURE

George B. Borelman, M.D.
 M. D. or other
 Address Marine St. No. Date signed Apr 15-47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MAY 3 1947

BUREAU 6

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 732

CERTIFICATE OF DEATH

01344

Reg. Dist. No. 260

1. PLACE OF DEATH:

County SomersetCity or town Princess Anne, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED

(For newborn infants, give residence of mother)

State Maryland County SomersetCity or town Princess Anne
(If outside city or town limits, write RURAL and give nearest town)Street No. Hamden Avenue
(If rural, give LOCATION)

2(a) If veteran, name war

3. (a) FULL NAME

James L. Boston

3. (b) Social Security Number

4. Sex Male5. Color or race Colored6. (a) Single, married, widowed, or divorced Single

8. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) February 2, 18808. AGE: Years 67 Months 2 Days 23 If less than one day9. Birthplace Somerset
(Town, county, and state)10. Usual occupation farmer

11. Industry or business

12. Name James L. Boston13. Birthplace Somerset14. Maiden name Erskine Lattin15. Birthplace Somerset16. Informant Bertha HaymanAddress Princess Anne, Md.17. Burial, cremation, or removal, Which? Burial Date thereof 4-29-1947
(month) (day) (year)Cemetery or crematory John WesleyLocation Princess Anne, Md.18. Funeral director William H. James Jr.Address Princess Anne, Md.19. 5/2 47 R. J. Johanna Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 25 1947 at 6:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 1 1940 to April 15 1947and that I last saw him alive on April 16 1947Immediate cause of death coronary0Due to arteriosclerosisHeart Disease

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frank Lattin M.D.Address Princess Anne Date signed 4/25/47

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MAY - 3 1947

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 10-2

CERTIFICATE OF DEATH

Reg. Dist. No. 265

01345

1. PLACE OF DEATH:

County Somerset
 City or town Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 25 years
 Hospital, institution, or street address where death occurred:
Rural, McCready Hospital
 How long in hospital or institution? 7 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Somerset
 City or town Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Rural
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3.(a) FULL NAME

George W. Collins

3.(b) Social Security Number

4. Sex <u>Male</u>	5. Color or race <u>White</u>	6.(a) Single, married, widowed, or divorced <u>Married</u>
-----------------------	----------------------------------	---

6.(b) Name of husband or wife Blanche M. Collins
 7. Birth date of deceased (mo., day, yr.) July 29, 1870
 6.(c) If alive, give age 59 years
 8. AGE: Years 76 Months 8 Days 26 If less than one day
 hrs. min.

9. Birthplace Pocomoke-Worcester-Md.
 (Town, county, and state)
 10. Usual occupation Carpenter
 11. Industry or business Building
 12. Name John Collins
 13. Birthplace Pocomoke, Md.
 14. Maiden name Amelia Lambertson
 15. Birthplace Pocomoke, Md.
 16. Informant Mrs. Blanche M. Collins
 Address Crisfield, Md.
 17. (Burial, cremation, or removal. Which?) Burial Date thereof April 27/47
 (month) (day) (year)
 Cemetery or crematory Sunny Ridge Cemetery
 Location Hopewell, Crisfield, Md.
 18. Funeral director H. Harvey Bradshaw
 Address Crisfield, Md.
 19. May 8 19 47 Janice E. Laine
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 25 19 47 at 9:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Apr 1 19 47 to Apr 25 19 47
 and that I last saw him alive on Apr 24 19 47

Immediate cause of death Infection of hand and arm
 Due to Puncture wound (road)
 Due to

Other conditions Diphtheria mellitus 5 yrs
Arteriosclerosis 5 yrs
 (Include pregnancy within 8 months of death)

Major findings of operations
 Date of op.

Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE S. W. Payton M.D. M. D. or other
 Address Crisfield, Md. Date signed Apr 27, 1947

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MAY 10 1947
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 58

CERTIFICATE OF DEATH

01346

Reg. Dist. No. 260

1. PLACE OF DEATH:

County Somerset
City or town Princess Anne, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Somerset
City or town Princess Anne, Md.
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Edward M. Conley

3. (b) Social Security Number

4. Sex M 5. Color or race W 6.(a) Single, married, widowed or divorced married

6.(b) Name of husband or wife Georgia Conley
6.(c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) Sept. 21, 1865

8. AGE: Years 81 Months _____ Days _____ If less than one day _____ hrs. _____ min.

9. Birthplace Pittsburgh, Pa.
(Town, county, and state)

10. Usual occupation Pharmacist

11. Industry or business

12. Name Edward Conley

13. Birthplace Pittsburgh, Pa.

14. Maiden name _____

15. Birthplace _____

16. Informant Russel Conley

Address Fruitland, Md.

17. Burial Date thereof April 10, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Nazareth

Location East Princess Anne, Md.

18. Funeral director Dale Lashell

Address Princess Anne, Md.

19. April 9, 47 R. F. Johnson, Jr. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 7th 1947, at 8:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1st 1947, to April 7 1947, and that I last saw him alive on April 7th 1947.

Immediate cause of death generalized arteriosclerosis

Due to _____

Due to _____

Other conditions Basal Cell Carcinoma of Scalp (left temple)
(Include pregnancy within 3 months of death)

Major findings of operations none

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Thos. B. McLaughlin M.D. or other _____

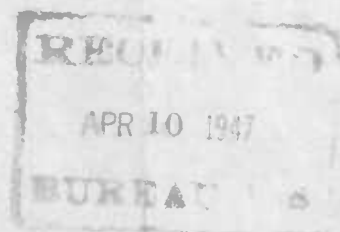
Address Princess Anne, Md. Date signed 4/9/47

MARGIN RESERVED FOR BINDING

VS A15 9.45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

Dr.
Whaley



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 268

1. PLACE OF DEATH:

County..... Somerset
 City or town..... Deal Island Md
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... Life time
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... County.....
 City or town.....
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Beatrice Harris

3. (b) Social Security Number

4. Sex

Female

5. Color or race

Blk

6. (a) Single, married, widowed, or divorced

—

6. (b) Name of husband or wife

—

7. Birth date of deceased (mo., day, yr.)

Mar 17 - 1947

6. (c) If alive, give age

— years

8. AGE:

Years..... Months..... Days.....
 If less than one day..... hrs..... min.

9. Birthplace

Peninsula Gen Hospital
(Town, county, state)
Somerset Md

10. Usual occupation

—

11. Industry or business

James F. Harris

12. Name

Deal Island Md

13. Birthplace

Sarah Anderson

14. Maiden name

Deal Island Md

15. Birthplace

Sarah Harris

16. Informant

Deal Island Md

17. Burial

Burial

18. Funeral director

John W. H. & Co

19. Address

Deal Island Md

20. Date rec'd by registrar

Apr 8 - 47

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... April 7th 1947, at 3 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

.....19....., to.....19.....

and that I last saw him..... alive on.....19.....

Immediate cause of death.....

DURATION

Due to:

Due to:

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations.....

.....Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town)..... (County)..... (State).....

Injured at home, farm, industry, public place (where?).....

Means of injury.....

Injured at work?

23. SIGNATURE.....

M. D. or other.....

Address..... Date signed..... 4/8/47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

According to the information received in this office, the funeral director, Mr. L. G. Webster of Deal Island, was unable to obtain the signature of either the physician who delivered the baby, Dr. Robert Starr, or that of the Deputy Medical Examiner, Dr. H. M. Lankford. The Local Registrar, Mrs. Rosa Webster, states that the mother said the baby had a cold but she did not think it serious, and then it died suddenly. See correspondence in permanent file under Lankford, June 27, 1947.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 19102

CERTIFICATE OF DEATH

01348

Reg. Dist. No. 265

1. PLACE OF DEATH:

County Somerset
City or town Cuyahoga
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Somerset
City or town Cuyahoga
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2(a) If veteran, name war.

3. (a) FULL NAME

Alice Virginia Dayman

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed
6. (b) Name of husband or wife Albert H. Dayman
6. (c) If alive, give age _____ years
7. Birth date of deceased (mo., day, yr.) September 6, 1963
8. AGE: Years 80 Months 7 Days 6 If less than one day _____ hrs. _____ min.

9. Birthplace Cuyahoga
(Town, county, and state)
10. Usual occupation Homemaker
11. Industry or business Home
FATHER 12. Name Wendora Powell
13. Birthplace Cuyahoga
MOTHER 14. Maiden name Wagherty
15. Birthplace Cuyahoga

16. Informant Albert H. Dayman
Address Cuyahoga, Md
17. Burial Date thereof 4/11/47
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Cuyahoga
Location Cuyahoga, Md
18. Funeral director Husband & Livingston
Address Cuyahoga, Md
19. 4/11 19 47 R. J. Johnson M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 9, 1947 at 12:45 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 7 19 47 to April 9 19 47
and that I last saw him alive on April 8 19 47

Immediate cause of death Acute Del 7 Hunt
DUE TO Coronary Embolism
DUE TO Brain arterio Sclerosis
Other conditions Chronic hypertension
(Include pregnancy within 3 months of death)

Major findings of operations
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE James C. Sullivan M.D.
M. D. or other
Address Maryland Date signed 4/11-47

MARGIN RESERVED FOR BINDING

VS A15 9.45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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APR 30 1947
BUREAU U S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01349

Reg. Dist. No. 260

1. PLACE OF DEATH:

County Somerset
 City or town Princess Anne
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 7 months
 Hospital, institution, or street address where death occurred:
Main St.
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Somerset
 City or town Princess Anne
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Main St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Janette B. Hayman

3. (b) Social Security Number

4. Sex female 5. Color or race white 6.(a) Single, married, widowed, or divorced widowed
 6.(b) Name of husband or wife A. Honest Hayman 6.(c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) Nov. 12, 1869
 8. AGE: Years 77 Months 4 Days 26 If less than one day _____ hrs. _____ min.

MEDICAL CERTIFICATION

20. DATE OF DEATH April 8, 1947 4 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

5/20/46 1946 to 4/8/47 1947and that I last saw him alive on 4/2/47 1947Immediate cause of death myocardial failure DURATION 7 daysDue to generalized arteriosclerosisDue to 50 yrs.Other conditions Arthritis (hypertension)

(Include pregnancy within 8 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

Address Princess Anne Date signed 4/9/47

9. Birthplace Somerset Co. Md.
 (Town, county, and state)
 10. Usual occupation At Home
 11. Industry or business _____
 FATHER 12. Name Edward P. Bounds
 13. Birthplace Worcester Co. Md.
 MOTHER 14. Maiden name Emily Pusey
 15. Birthplace Somerset Co. Md.
 16. Informant Mr. Carroll W. Bounds
 Address Salisbury, Md.
 17. Burial Buckingham Cemetery Date thereof 4/10/47
 (Burial, cremation, or removal. Which?) _____ (month) (day) (year)
 Cemetery or crematory Berlin, Md.
 Location The Hill & Johnson Co.
 18. Funeral director Salisbury, Md.
 Address April 9 47
 19. (Date rec'd by registrar) R. H. Johnson Registrar

RECEIVED

APR 10 1947

BUREAU V S

Evidence for change of age
shown on Film No. G109
4/30/47

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore *BD*

CERTIFICATE OF DEATH

01350

Reg. Dist. No. *166*

1. PLACE OF DEATH:

County Somerset
City or town Rhodes Point
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Lifetime
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Somerset
City or town Rhodes Point
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2. (a) If veteran, name war _____

3. (a) FULL NAME

Annie Eliza Hoffman

3. (b) Social Security Number

None

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female White Widowed

6. (b) Name of husband or wife Griffith Hoffman

7. Birth date of deceased (mo., day, yr.) September 10, 1860
6. (c) If alive, give age _____ years

8. AGE: Years Months Days If less than one day
86 07 5 7 _____ hrs. _____ min.

9. Birthplace Smith Island-Somerset-Md.
(Town, county, and state)

10. Usual occupation House wife

11. Industry or business

12. Name William E. Evans

13. Birthplace Rhodes Point, Maryland

14. Maiden name Mary Ellen Crockett

15. Birthplace Tangier, Virginia

16. Informant Roland Hoffman

Address Rhodes Point, Maryland

17. Burial Date thereof April 20, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rhodes Point Cemetery

Location Rhodes Point, Maryland

18. Funeral director H. Harvey Bradshaw

Address Crisfield, Maryland

19. April 20, 1947 Carrie Kitching
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 17th, 1947, 11:40A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Nov. 1, 1946 to April 17, 1947
and that I last saw him alive on April 15, 1947

Immediate cause of death Arteriosclerotic heart disease DURATION Unknown

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 9 months of death)

Major findings of operations _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE M. G. Chambers M.D. M. D. or other

Address Ewell, Maryland Date signed 4/19/47

MARGIN RESERVED FOR BINDING

VS A15

9.45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 23 1947

RECEIVED

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (B-2)

01351

CERTIFICATE OF DEATH

Reg. Dist. No. 261

1. PLACE OF DEATH:

County ComerietCity or town Marion Station
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 20 yrs.

Hospital, institution, or street address where death occurred

How long in hospital or institution?

3. (a) FULL NAME

Elizabeth Holland4. Sex Fe. 5. Color or race Col. 6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife James E. Holland6. (c) If alive, give age 75 years7. Birth date of deceased (mo., day, yr.) Mar-25, 18738. AGE: Years 74 Months 6 Days 6 If less than one day hrs. min.9. Birthplace Accomack Co. Va.
(Town, county, and state)10. Usual occupation Housework

11. Industry or business

12. Name William Davis13. Birthplace Accomack Co. Va.14. Maiden name Mary E. Fitzpatrick15. Birthplace Accomack Co. Va.16. Informant Thomas LoganAddress Marion Sta., Md.17. Burial Date thereof Apr. 6, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory MacedoniaLocation Blossum, Va.18. Funeral director Charles H. BoydAddress Marion Sta., Md.19. Apr 5 1947 Ans J. Merin
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County LanieretCity or town Marion Sta., Md.
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH April 3 1947 at 7 A M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar 25 1947 to April 3 1947and that I last saw him alive on April 2 1947Immediate cause of death Acute Dec 7 Heartfailure DURATION 5 daysDue to Infection - BronchopneumoniaDue to Acute Dec 7 HeartOther conditions Small Arteriosclerosis

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Ans J. Merin M. D. or otherAddress Marion Sta., Md. Date signed Apr 4 1947

RECEIVED
APR 8 1947
B. READ J. B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 467

CERTIFICATE OF DEATH

01352

Reg. Dist. No. 261

1. PLACE OF DEATH:

County... Somerset
 City or town... Marion
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 62
 Hospital, institution, or street address where death occurred:
62 yr
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... MD County... Somerset
 City or town... Marion
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Josh Johnson
 4. Sex Male 5. Color or race Col 6. (a) Single, married, widowed, or divorced Married

3. (b) Social Security Number

914-03-7564

6. (b) Name of husband or wife

Rosa Johnson

7. Birth date of deceased (mo., day, yr.)

May 9, 1885
 8. AGE: Years 62 Months 11 Days 19 If less than one day _____ hrs. _____ min.

9. Birthplace

Marion Somerset Co MD

10. Usual occupation

Labor

11. Industry or business

MOTHER FATHER 12. Name George Johnson
 13. Birthplace Marion Somerset Co
 14. Maiden name Julia Potts
 15. Birthplace Marion Somerset Co

18. Informant

Potts JohnsonAddress Port Norris N.J.

17. Burial

(Burial, cremation, or removal. Which?) Burial Date thereof May 3, 1947
 (month) (day) (year)

Cemetery or crematory

Wesley Cemetery

Location

Marion MD

18. Funeral director

Chas H Ward

Address

Marion MD

19. May 3

(Date rec'd by registrar)

47

Wm J Wilson

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 28, 1947 at 6 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Aug 7, 1946 to April 28, 1947and that I last saw him alive on Mar 28, 1947

Immediate cause of death _____

DURATION

Carcinoma of Liver year

Due to _____

Due to _____

Other conditions Nephritis 6 mos.

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State) _____

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE G. F. Lembley M.D.Address Salisbury MD Date signed 5/1/47

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MAY 6 1947
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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01353

Reg. Dist. No. 260

1. PLACE OF DEATH:

County Sauwset
 City or town Ventan
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 55
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED
(For newborn infants give residence of mother)

State Md. County Sauwset
 City or town Ventan
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)

2. (a) If veteran, name war

3. (a) FULL NAME

Charles Henry Jones

3. (b) Social Security Number

4. Sex Male 5. Color or race Col. 6. (a) Single, married, widowed, or divorced Widowed8. (b) Name of husband or wife Elise Jones6. (c) If alive, give age 52 years7. Birth date of deceased (mo., day, yr.) May 7, 18918. AGE: 55 Years Months Days If less than one day _____ hrs. _____ min.9. Birthplace Ventan, Sauwset Co., Md.
(Town, county, and state)10. Usual occupation Farmer

11. Industry or business

12. Name James Jones13. Birthplace Ventan, Md.14. Maiden name Louise Jones15. Birthplace Ventan, Md.16. Informant Madeline SpalkAddress Eden, Md. Route 217. Burial Date thereof Apr. 10, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Grace M. B.Location Ventan, Md.18. Funeral director Charles H. WardAddress Marion St., Md.19. April 8 '47 (Date rec'd by registrar)20. H. J. Johnson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5th 1947 at 6:45 pm21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 27 1947 to April 5th 1947and that I last saw him alive on April 3rd 1947

Immediate cause of death _____ DURATION _____

Acute myocarditis 10 days

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Eldon G. Mawman

M. D. or other _____

Address Md. Princess AnneDate signed 4.8.47

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01354270
Reg. Dist. No.

1. PLACE OF DEATH: County... <u>Somerset</u> City or town... <u>Crisfield</u> (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? <u>Lifetime</u> Hospital, institution, or street address where death occurred: <u>McCready Memorial Hospital</u> How long in hospital or institution? <u>5 hours</u>				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State... <u>Maryland</u> County... <u>Somerset</u> City or town... <u>Crisfield</u> (If outside city or town limits, write RURAL and give nearest town) Street No. <u>Broadway</u> (If rural, give LOCATION) 2.(a) If veteran, name war.....			
3. (a) FULL NAME <u>Glenda Jones</u>				3. (b) Social Security Number			
4. Sex <u>Female</u>		5. Color or race <u>Colored</u>		6. (a) Single, married, widowed, or divorced <u>Single</u>			
6. (b) Name of husband or wife <u>//////////</u>							
7. Birth date of deceased (mo., day, yr.) <u>June 1, 1925</u>							
8. AGE: Years <u>21</u>		Months <u>10</u>		Days <u>14</u> If less than one day hrs. min.			
9. Birthplace <u>Crisfield-Somerset-Md.</u> (Town, county, and state) 10. Usual occupation <u>Seafood Worker</u>							
11. Industry or business							
MOTHER	12. Name <u>Edwin Jones</u>						
	13. Birthplace <u>Somerset Co., Md.</u>						
	14. Maiden name <u>Maggie Harris</u>						
FATHER	15. Birthplace <u>Crisfield, Md.</u>						
	16. Informant <u>Edith Jones</u> Address <u>Crisfield, Md.</u>						
17. (Burial, cremation, or removal, Which?) <u>Burial</u> Date thereon <u>April 18/47</u> (month) (day) (year) Cemetery or crematory <u>Lawsonia</u> Location <u>Lawsonia, Crisfield, Md.</u>							
18. Funeral director <u>H. Harvey Bradshaw</u> Address <u>Crisfield, Md.</u>							
19. (Date rec'd by registrar) <u>4/30</u> <u>87</u> <u>W. J. Nelson</u> Registrar							
MEDICAL CERTIFICATION 20. DATE OF DEATH <u>April 15</u> 19 <u>47</u> at <u>109</u> M 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from <u>April 14</u> 19 <u>47</u> to <u>April 15</u> 19 <u>47</u> and that I last saw him alive on <u>April 15</u> 19 <u>47</u> Immediate cause of death <u>Acute Dis. of Heart</u> <u>Myocardia + Infarction</u> Due to <u>Indiscretion + Alcohol</u> <u>Alcohol</u> Due to..... Other conditions <u>Angiocardia</u> (Include pregnancy within 3 months of death) Major findings of operations <u>As above</u> <u>Myocardia + Infarction</u> Date of op..... Autopsy results <u>None</u> PHYSICIAN: Please underline the cause to which death should be charged statistically.							
22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... Date of..... Where did injury occur?..... (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury..... Injured at work?..... 23. SIGNATURE <u>George Chellum M.D.</u> Address <u>Murphy St. Crisfield</u> Date signed <u>April 17, 47</u>							

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MAY 3 1947

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct use of this form is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 742

CERTIFICATE OF DEATH

01355
Reg. Dist. No. 260

1. PLACE OF DEATH:

County Somerset
City or town Fairmount
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 74 years
Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Somerset
City or town Fairmount
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2.(a) If veteran, name war _____

3. (a) FULL NAME

ALICE GERTRUDE KIMBERLY

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed
6. (b) Name of husband or wife William D. Kimberly
7. Birth date of deceased (mo., day, yr.) April 23, 1868
6. (c) If alive, give age _____ years
8. AGE: Years 78 Months 11 Days 25 It less than one day _____ hrs. _____ min.

9. Birthplace St. Marys County, Maryland
(Town, county, and state)

10. Usual occupation Practical nurse

11. Industry or business Private practice

12. Name Charles Wesley Thomas

13. Birthplace St. Marys County, Maryland

14. Maiden name Alice Caroline Hanes

15. Birthplace Wicomico County, Maryland

16. Informant Mrs. Eunice R. Haynie

Address Fairmount, Maryland

17. (Burial, cremation, or removal. Which?) Burial Date thereof April 21, 1947
(month) (day) (year)

Cemetery or crematory Mechanics Cemetery

Location Fairmount, Maryland

18. Funeral director H. Harvey Bradshaw

Address Crisfield, Maryland

19. 4/21 47 R. H. Johnson, M.D.
(Date rec'd by registrar) (Year) (Signature) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 18, 1947 at 11:00 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1 1947 to April 18, 1947

and that I last saw him alive on April 15, 1947

Immediate cause of death Coronary Thrombosis DURATION 4 days

Left ventricular failure

Due to Coronary Thrombosis

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Frank Matas M.D. M. D. or other _____

Address Primer Anne Date signed 4/21/47

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APR 24 1947

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 166

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH
County Somerset
City or town Crisfield
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Lifetime
Hospital, institution, or street address where death occurred:
McCready Memorial Hospital
How long in hospital or institution? 4 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Somerset
City or town Crisfield
(If outside city or town limits, write RURAL and give nearest town)
Street No. 330 Tyler St.
(If rural, give LOCATION)
2.(a) If veteran, name war World War II

3. (a) FULL NAME Elroy Lane

3. (b) Social Security Number
215-20-4237

4. Sex Male 5. Color or race Black 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Lavenia Smith

7. Birth date of deceased (mo., day, yr.) January 1, 1925 6. (c) If alive, give age 21 years

8. AGE: Years 22 Months 3 Days 20 If less than one day
.....hrs.min.

9. Birthplace Crisfield-Somerset-Md.
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business Seafood

12. Name Nathaniel Lane

13. Birthplace Marumsco, Md.

14. Maiden name Maggie Seaman

15. Birthplace Accomac, Va.

16. Informant Maggie Lane

Address Crisfield, Md.

17. Burial Date thereof April 24/47
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Lawsonia Cemetery

Location Crisfield, Md.

18. Funeral director H. Harvey Bradshaw

Address Crisfield, Md.

19. 5/3 47 R. S. Johnson, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 21 19 47 at 10 A M

21. CERTIFY that death occurred on the date above stated; that I attended deceased on April 17 19 47 He was shot
at the abdomen by unidentified Police
taken to McCready Hospital
operated on 14 holes in abdomen
due to substances entered & one
hole in bladder - stones
inserted & injury closed
causing death Peritonitis
Other conditions & shock =

(Include presence within 3 months of death)

William H. Coulbourn, M. D.

Major findings of operations. DEPUTY MEDICAL EXAMINER

Autopsy results no FOR SOMERSET COUNTY, MD.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide April 21/47 Date of

Where did injury occur? Crisfield Somerset Md
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) street

Mode of injury shot by Police Injured at work?

23. SIGNATURE W. H. Coulbourn M.D.

Address Crisfield Md Date signed 4/28/47

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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STATE DEPARTMENT OF HEALTH

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MAY 3 1947

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 982

01357

CERTIFICATE OF DEATH

Reg. Diat. No. 265

1. PLACE OF DEATH:

County Somerset
 City or town Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Lifetime
 Hospital, institution, or street address where death occurred:
Broadway
 How long in hospital or institution? ////////

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Somerset
 City or town Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Broadway
 (If rural, give LOCATION)
 2.(a) If veteran, name war ////////

3. (a) FULL NAME

Charles E. Lankford

3. (b) Social Security Number

None

4. Sex Male 5. Color or race Colored 6.(a) Single, married, widowed, or divorced Single
 6.(b) Name of husband or wife ////////
 6.(c) If alive, give age //////// years
 7. Birth date of deceased (mo., day, yr.) March 29, 1923
 8. AGE: Years 24 Months 0 Days 26 If less than one day hrs. min.

9. Birthplace Crisfield-Somerset-Md.
 (Town, county, and state)
 10. Usual occupation Laborer
 11. Industry or business General
 12. Name Edward Lankford
 13. Birthplace Crisfield, Md.
 14. Maiden name Alice Green
 15. Birthplace Crisfield, Md.
 16. Informant Mrs. Alice Bundick
 Address Crisfield, Md.
 17. Burial, cremation, or removal. Which? Burial Date thereof April 28/47
 (month) (day) (year)
 Cemetery or crematory Lawsonia Cemetery
 Location Crisfield, Md.
 18. Funeral director H. Harvey Bradshaw
 Address Crisfield, Md.
 19. May 8 19 47 Janice E. Spivey
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Apr 25 19 47 at 3:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Apr 24 19 47, to Apr 25 19 47, and that I last saw him alive on Apr 24 19 47.

Immediate cause of death

Acute myocardial infarction
1 day
 Due to Chronic myocarditis

Due to Chronic
2

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. M. Peyton M.D. M. D. or other

Address Crisfield Md Date signed Apr 28 1947

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MAY 10 1947

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1912

CERTIFICATE OF DEATH

01358

Reg. Dist. No. 261

1. PLACE OF DEATH:

County Somerset
 City or town Marion Station, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Marion Station Md.
 Hospital, institution, or street address where death occurred: Left home
 How long in hospital or institution? none

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Somerset
 City or town Marion Station
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. P701 Bt 180
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Mary Anna Madsen

3. (b) Social Security Number

None

4. Sex Female 5. Color or race Col. 6.(a) Single, married, widowed, or divorced Widowed
 6.(b) Name of husband or wife Mary Anna Madsen
 6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) March 31, 1974
 8. AGE: Years 73 Months _____ Days 21 If less than one day _____ hrs. _____ min.

9. Birthplace Marion Station, Md., Somerset.
 (Town, county, and state)

10. Usual occupation house work.

11. Industry or business None

12. Name Salon Henry Evans.

13. Birthplace Marion Station, Md Somerset.

14. Maiden name Gustav Coner

15. Birthplace Marion Station, Md. Somerset.

16. Informant Hattie Queen

Address Marion St. Md

17. Burial Date thereof April 6 / 47
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory M. C. P. W.

Location Marion Station, Md.

18. Funeral director George W. Seligman

Address Marion Station, Md.

19. April 5 47 John J. Mison
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 3 1947, at 4 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 1945 to April 3 1947 and that I last saw him alive on April 3 1947

Immediate cause of death Arteriosclerotic heart disease DURATION 1 week

Due to Chronic heart reflexes 4 yrs

Due to Chronic myocarditis

Due to Grand arteriosclerosis

Other conditions Thrombosis

(Include pregnancy within 8 months of death)

Major findings of operations None

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE George W. Seligman M.D. M. D. or other

Address April 4-47 Marion Station Date signed _____

CERTIFICATE OF DEATH

1. Name of deceased (Print or type)

2. Date of death

3. Sex (Male or Female)

4. Age (Years, Months, Days)

5. Place of birth (City, State, Country)

6. Date of birth

7. Usual residence (City, State, Country)

8. Date of death

9. Cause of death (List all causes, beginning with the immediate cause)

10. Date of death

11. Signature of physician or other qualified person

12. Date of death

13. Signature of registrar or other qualified person

14. Date of death

15. Signature of physician or other qualified person

16. Date of death

17. Signature of physician or other qualified person

18. Date of death

19. Signature of physician or other qualified person

20. Date of death

21. Signature of physician or other qualified person

22. Date of death

23. Signature of physician or other qualified person

24. Date of death

25. Signature of physician or other qualified person

26. Date of death

27. Signature of physician or other qualified person

28. Date of death

29. Signature of physician or other qualified person

30. Date of death

31. Signature of physician or other qualified person

32. Date of death

33. Signature of physician or other qualified person

34. Date of death

35. Signature of physician or other qualified person

36. Date of death

37. Signature of physician or other qualified person

38. Date of death

39. Signature of physician or other qualified person

40. Date of death

41. Signature of physician or other qualified person

42. Date of death

43. Signature of physician or other qualified person

44. Date of death

45. Signature of physician or other qualified person

46. Date of death

47. Signature of physician or other qualified person

48. Date of death

49. Signature of physician or other qualified person

50. Date of death

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 742

CERTIFICATE OF DEATH

Reg. Dist. No. 765

1. PLACE OF DEATH:

County Somerset
 City or town Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Lifetime
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Somerset
 City or town Crisfield
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Asbury Rd.
 (if rural, give LOCATION)
 2(a) If veteran, name war

3. (a) FULL NAME

George Lacey Sterling

3. (b) Social Security Number

217-05-5048

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 8. (b) Name of husband or wife Celia Moore
 B. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) April 25, 1878
 8. AGE: Years 68 Months 11 Days 28 If less than one day _____ hrs. _____ min.

9. Birthplace Crisfield-Somerset-Md.
 (Town, county, and state)
 10. Usual occupation Seafood Plant Manager
 11. Industry or business Seafood
 12. Name Carter Sterling
 13. Birthplace Crisfield, Md.
 14. Maiden name Pricilla Somers
 15. Birthplace Somerset County

16. Informant Mrs. Allison Hall
 Address Crisfield, Md.
 17. Burial Burial Date thereof 4/27/47
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Asbury Cemetery
 Location Asbury, Crisfield, Md.

18. Funeral director H. Harvey Bradshaw
 Address Crisfield, Md.

19. 5/2 47 R. J. Johnson, M.D.
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 23, 1947 at 8:30 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 22, 1947 to April 23, 1947
 and that I saw him alive on April 23, 1947

Immediate cause of death Coronary occlusion
 DURATION

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

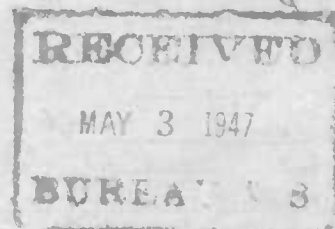
Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Chas. P. Schwabke M. D. or otherAddress Crisfield Date signed 4/24/47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. For correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-d

CERTIFICATE OF DEATH

Reg. Dist. No. 01360
265

1. PLACE OF DEATH:

County..... **Somerset**
City or town..... **Crisfield**
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?..... **Lifetime**
Hospital, institution, or street address where death occurred:
710 W. Main St.
How long in hospital or institution?..... **////////**

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State..... **Maryland** County..... **Somerset**
City or town..... **Crisfield**
(If outside city or town limits, write RURAL and give nearest town)
Street No. **710 W. Main St.**
(If rural, give LOCATION)
2.(a) If veteran, name war.....

3. (a) FULL NAME

CORA BRADSHAW SUTTON

3. (b) Social Security Number

4. Sex Female	5. Color or race White	6.(a) Single, married, widowed, or divorced Married
6.(b) Name of husband or wife..... Henry Myron Sutton		
7. Birth date of deceased (mo., day, yr.) Unknown exactly (1881)		
8. AGE: Years Approx 66	Months ?	Days ?
If less than one day hrs. min.		

9. Birthplace..... **Crisfield-Somerset-Md.**
(Town, county, and state)
10. Usual occupation..... **Housewife**
11. Industry or business..... **Home**
12. Name..... **Edward Ward**
13. Birthplace..... **Crisfield, Md.**
14. Maiden name..... **Emma K. Marshall**
15. Birthplace..... **Smith Island, Md.**
16. Informant..... **Mrs. Johnson Evans**
Address..... **Crisfield, Md.**
17. (Burial, cremation, or removal. Which?) **Burial** Date thereof..... **April 8 1947**
(month) (day) (year)
Cemetery or crematory..... **Mariners Cemetery**
Location..... **Crisfield (Mariners Rd) Md.**
18. Funeral director..... **H. Harvey Bradshaw**
Address..... **Crisfield, Md.**
19. **April 7** 19**47** **R. S. Johnson, M.D.**
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... **April 6th** 19**47** at **12:55^A** M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
March 25 19**47** to **April 6** 19**47**
and that I last saw him alive on **April 6** 19**47**

Immediate cause of death..... **acute dilatation of heart** DURATION **3**

Due to **hypertensive cardio-vascular disease**

Due to.....

Other conditions..... **Sanility**

(Include pregnancy within 3 months of death)

Major findings of operations..... **none**

..... Date of op.

Autopsy results..... **none**

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external cause, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

SIGNATURE..... **Clarence G. Rawley M.D.**
M. D. or other..... **Crisfield, Md.**
Address..... Date signed **4/7/47**

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